

DESCRIPTION OF COVERAGE

FOR

ACCIDENT AND SICKNESS INSURANCE PLAN

THOMAS JEFFERSON NATIONAL ACCELERATOR FACILITY

2005-2006

Underwritten By: ACE American Insurance Company (Herein referred to as "the Company")



POLICY TERM

The insurance under Thomas Jefferson National Accelerator Facility's Accident and Sickness Insurance Plan for the Annual Policy is effective 12:01 a.m. on October 1, 2005. The Annual Policy terminates at 12:01 a.m. on October 1, 2006, or at the end of the period through which premiums are paid.

ELIGIBILITY

All International Visitors, Students, Graduate Students, Graduate Research Assistants, and Post Doctoral Researchers of Thomas Jefferson National Accelerator Facility are eligible to enroll in the Accident and Sickness Insurance Plan as described in this brochure.

PERIOD OF COVERAGE

Effective Date of Coverage – Your coverage and coverage for any covered dependent become effective on October 1, 2005, or the date the Enrollment Form and full premium are received by the Company or Program Administrator. Coverage will remain in effect for the Period of Coverage selected on the Enrollment Form by you.

Termination Date of Coverage - The insurance for a Covered Person shall terminate on the first of the following dates: 1) the date the Policy is terminated; 2) the premium due date if the required premium for the Covered Person is not paid; 3) the date the Covered Person enters military service, in which case a pro-rata refund of premium will be made to such Covered Person; or 4) the end of the Period of Coverage. Termination of Insurance for a Covered Person shall be without prejudice to any claim which starts prior thereto.

EXTENSION OF BENEFITS

If a Covered Person is confined to a Hospital on the date his or her insurance terminates, expenses incurred during the continuation of that hospital confinement shall also be included in the term expense, but only while they are incurred during the 90 day period following such termination of insurance.

DEPENDENT COVERAGE

You may also enroll their spouse and/or unmarried child(ren) under the age of 19. A child born to you shall be covered for Injury, Sickness, congenital defects, congenital defects, birth abnormalities, pre-maturity and routine nursery care associated with a Sickness for 31 days from the date of birth. To continue coverage beyond the 31-day period, you must complete and return the Enrollment Form to the Program Administrator. Your adopted child will be covered on the same basis as a newborn child from the date of placement for the purpose of adoption. Coverage will continue for an adopted child unless the placement is disrupted and the child is removed from placement.

ACCIDENTAL DEATH AND DISMEMBERMENT

If your Injury results in any of the following losses within 365 days after the date of accident, We will pay the sum shown opposite the loss. If multiple losses occur, only one benefit amount, the largest, will be paid for all losses due to the same Covered Accident.

Principal Sum: \$15,000

Description of Loss

Life; Both Hands or Both Feet; Sight of Both Eyes;

One Hand and One Foot; Either Hand or Foot and Sight of One Eye

Either Hand or Foot or Sight of One Eye

Indemnity

Principal Sum

One-Half the Principal Sum

The term "loss" as used herein shall mean, with regard to hands and feet, the actual severance through or above wrist or ankle joint, and with regard to eyes, the entire irrecoverable loss of sight. "Severance" means the complete separation and dismemberment of the part from the body.

ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFITS

Medical Expense Benefits: If Injury or Sickness occurs during the Period of Coverage and the Covered Person requires medical or surgical treatment, We will pay 100% of the Usual and Customary Charges incurred, up to a maximum of \$50,000 per Injury or Sickness.

Covered Expenses: To be considered a Covered Expense under this Plan, it must: 1) have been incurred and as a result of a covered Sickness or Injury during the Period of Coverage; 2) not be excluded by the provisions of this Plan; 3) be Medically Necessary; and 4) be specifically included in the following list of expenses:

1. Expenses for hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the hospital's average charge for semi-private room and board accommodation.
2. Expenses for treatment by a Doctor/surgeon.
3. Expenses for the cost and administration of anesthetics.

4. Expenses for medication, x-ray services, laboratory tests and services, and other medical services and supplies.
5. Expenses for use of an ambulance, up to a \$100.00 maximum per covered Injury or Sickness.
6. Expenses for treatment of biologically based mental Sickness.
7. Expenses for Medically Necessary treatment of cleft lip, cleft palate or ectodermal dysplasia rendered to a newborn child.
8. Expenses for routine and necessary immunizations for newborn children from birth to 36 months.
9. Expenses for annual cytologic screening (pap smears) or more frequently if recommended by a Doctor, and annual testing performed by any FDA approved gynecologic cytology screening technologies. Benefits will include the examination, laboratory fee, and the Doctor's interpretation of the laboratory results.
10. Expenses for home treatment of hemophilia and congenital bleeding disorders.
11. Expenses for Mammography Examination. We will pay for the following: 1) one baseline mammogram for any woman thirty-five through forty years of age; or 2) a mammogram every year for any woman forty years of age or older.
12. Expenses for reconstructive breast surgery following mastectomy.
13. Expenses for inpatient coverage following mastectomy for a minimum stay in hospital of not less than 48 hours for a patient following a radical or modified radical mastectomy and not less than 24 hours of inpatient care following a total mastectomy or a partial mastectomy with lymph node dissection for the treatment of breast cancer.
14. Expenses for early intervention services up to \$5,000 per Covered Person, per Period of Coverage. Early intervention services, means Medically Necessary speech and language therapy, occupational therapy, physical therapy and assistive technology services and devices for dependents from birth to age three who are certified by the Department of Mental Health, Mental Retardation and Substance Abuse Services as eligible for services under Part H of the Individuals with Disabilities Education Act (20 U.S.C. Sections 1471 et seq.).
15. Expenses for prostate cancer screening. We will pay benefits for one PSA test in a 12-month period and digital rectal examinations to persons age 50 and over, or age 40 and older if at high risk for prostate cancer (according to the most recently published guidelines of the American Cancer Society.)
16. Expenses for colorectal cancer screening. We will pay benefits for colorectal cancer screening with an annual fecal occult test, flexible sigmoidoscopy or colonoscopy, or in appropriate circumstances radiological imaging.
17. Coverage for clinical trial costs for patent costs incurred during participation in clinical trials for treatment studies on cancer, including ovarian cancer trials.
18. Expenses for laparoscopy-assisted vaginal hysterectomy and vaginal hysterectomy.
19. Diabetes coverage. Covered Expenses include charges for diabetes, including benefits for equipment, supplies and in-person outpatient self-management training and education by qualified professionals, including medical nutrition therapy, treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non insulin-using diabetes if prescribed by a qualified health care professional
20. Expenses for hospice care services for terminally ill individuals.
21. Expenses for mental health and substance abuse.
When the Covered Person receives:
 - a) inpatient treatment in:
 - 1) a hospital or mental health facility for the treatment of a mental or nervous condition; or
 - 2) a hospital, alcohol or drug rehabilitation facility, or Intermediate Care Facility for treatment of physiological or psychological dependence on alcohol or substance abuse,
 We will pay benefits for Covered Expenses incurred on the same basis as any other covered Sickness, up to 20 days of inpatient treatment per Policy Term for Covered Persons age 19 and older, and up to 25 days of inpatient treatment per Policy Term for Covered Persons under age 19. Up to ten days of inpatient treatment benefits may be converted, when Medically Necessary at the option of the Covered Person, to 1.5 days of Partial Hospitalization coverage for each inpatient day of coverage.
 - b) outpatient treatment in:
 - 1) a hospital or mental health facility for the treatment of a mental or nervous condition; or
 - 2) a hospital, alcohol or drug rehabilitation facility, or Intermediate Care Facility for treatment of physiological or psychological dependence on alcohol or substance abuse,
 We will pay 100% of the expenses incurred, up to five visits and thereafter 50% of expenses incurred, up to a maximum of 20 visits per Policy Term.

EMERGENCY MEDICAL EVACUATION BENEFIT

The Company will pay Emergency Medical Evacuation Benefits up to the maximum of \$250,000 for expenses incurred for the medical evacuation of a Covered Person. Benefits are payable if the Covered Person: 1) is traveling outside of his or her Home Country; 2) suffers an Injury or Sickness during the course of the trip; and 3) requires Emergency Medical Evacuation. Benefits will not be payable unless: 1) the doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Injury or Sickness requires an Emergency Medical Evacuation; 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3) the charges incurred are Medically Necessary and do not exceed the usual level of charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4) do not include charges that would not have been made if there were no insurance. "Emergency Medical Evacuation" means: 1) the Covered Person's immediate transportation from the place where he or she suffers an Injury or Sickness to the nearest hospital or other medical facility where appropriate medical treatment can be obtained; or 2) the Covered Person's transportation to his or her Home Country to obtain further medical treatment in a hospital or other medical facility or to recover after suffering an Injury or Sickness. An Emergency Medical Evacuation also includes Medically Necessary medical treatment, medical services and medical supplies necessarily received in connection with such transportation. An Emergency Medical Evacuation of a Covered Person to their Home Country will terminate all benefits, except Accidental Death and Dismemberment Benefits under the Plan. **All arrangements must be made by the Assistance Provider and approved by the Company in order for expenses to be considered eligible.**

REPATRIATION OF REMAINS BENEFIT

The Company will pay the usual and customary covered expenses, up to a maximum of \$50,000, to return a Covered Person's body home to the Home Country if he or she dies while covered by this Plan. Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation. **All arrangements must be made by the Assistance Provider and approved by the Company in order for expenses to be considered eligible.**

COORDINATION OF BENEFITS

If a Covered Person is covered by more than one insurance program, benefits will be subject to a Coordination of Benefits Provision. A plan, which does not have such a provision, would pay benefits first. In all other instances, the plan that will pay benefits first is: a) the plan which covers the Covered Person as an employee rather than as a full or part-time student; b) if a) does not apply, the plan which covers the Covered Person as a full or part-time student rather than as a dependent; c) if a) and b) do not apply, the plan which covers the person as a dependent, subject to specific rules contained in the policy; d) if a), b) and c) do not apply, the plan which has covered the Covered Person for the longer time. If the benefits of this Plan are reduced to these rules, such reduction will be done in proportion. Any benefits paid by this plan on a reduced basis will be charged against the benefit limits of this plan.

LIMITATIONS AND EXCLUSIONS

This Plan does not cover nor provide benefits for:

1. Expense incurred as the result of dental care, except as the result of Injury to natural teeth caused by an accident.
2. Services normally provided without charge by the Thomas Jefferson National Accelerator Facility's health service, infirmary, or hospital, or by health care providers employed by Thomas Jefferson National Accelerator Facility.
3. Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefore.
4. Injury or Sickness resulting from commission of or active participation in a riot or insurrection.
5. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
6. Injury or Sickness resulting from loss incurred as a result of war or any act of war, whether declared or not.
7. Injury or Sickness for which benefits are payable under any Workers Compensation or Occupational Disease Law.
8. Injury sustained or Sickness contracted while in service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Covered Person.
9. Treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
10. Treatment by an immediate family member.
11. Routine physicals, except as specifically provided.
12. Elective treatment or elective surgery, except as specifically provided.
13. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or contact lenses or for the fitting thereof; unless caused by accidental bodily injury incurred while insured hereunder.
14. Cosmetic or plastic surgery, except as the result of a covered Injury.
15. Treatment of mental or nervous disorders, except as specifically provided.
16. Treatment of substance abuse, except as specifically provided.
17. For international Covered Persons, expenses incurred within the Covered Person's Home Country or country of regular domicile.
18. Preventive medicines, serums, vaccines or oral contraceptives as prescribed.
19. Blood plasma, except charges by a hospital for the processing of administration of blood.
20. Voluntary or elective abortions.
21. Pre-existing conditions as defined.
22. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor, or expenses non-medical in nature.
23. For expenses as a result of, or in connection with, the commission of or attempt to commit an assault or a felony.
24. Suicide, attempted suicide, or intentionally self-inflicted injury.
25. The Covered Person being under the influence of drugs, unless taken under the advice of a Doctor.
25. Injury resulting from the play or practice of intercollegiate sports, including intercollegiate club sports.
26. Expense incurred for the treatment of temporomandibular joint dysfunction and associated myofascial pain.
27. Pre-existing conditions for a period of 12 months following the effective date of coverage under the Policy. However, this limitation will not apply if the Covered Person: 1) has not received such treatment, care, diagnosis, advice, or symptoms were not manifested for 12 consecutive months while covered by the Policy; or 2) has been covered by the Policy for more than 12 consecutive months; or 3) was previously covered for such Pre-existing Condition under Credible Coverage and such Credible Coverage was continuous to a date less than 63 days prior to the effective date of coverage under the Policy. The limitation does not apply to pregnancy, and coverage provided to newborn and newly adopted children.

"Creditable Coverage" means: 1) a self-funded employer group health plan under ERISA; 2) a group or individual health insurance coverage; 3) Part A or Part B, of Medicare; 4) Medicaid; 5) CHAMPUS; 6) the Indian Health Service or of a tribal organization; 7) a state health benefits risk pool; 8) a health plan offered under the federal employees health benefits program (FEHBP); 9) a public health plan; or 10) a health benefit plan.

DEFINITIONS

You, Your or Yours means a person described in the Eligibility section who enrolls for coverage and for whom the required premium is paid making insurance in effect for that person.

We, Us or Our means ACE American Insurance Company.

Covered Person means you and any covered dependent(s) while insured under this Plan.

Doctor means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include: 1) a Covered Person; 2) a member of the Covered Person's immediate family member or household; 3) a person retained by Thomas Jefferson National Accelerator Facility.

Home Country: means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one country, his or her Home Country will be that country which the Covered Person has declared to the Company in writing as his or her Home Country.

Injury means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a covered accident. The Injury must be caused solely through external and accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries are considered a single Injury.

Intermediate Care Facility means a licensed, residential public or private facility that is not a hospital and that is operated primarily for the purpose of providing a continuous, structured twenty-four-hour per day, state-approved program of inpatient substance abuse services.

Medically Necessary means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a doctor or furnished by a hospital; 3) performed in the least costly setting required by the Covered Person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. The Company may, at its discretion, consider the cost of the alternative to be the covered expense.

Sickness means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. Pregnancy is included in the definition of Sickness.

Partial Hospitalization means a licensed or approved day or evening treatment program that includes the major diagnostic, medical, psychiatric and psychosocial rehabilitation treatment modalities designed for patients with mental, emotional, or nervous disorders who require coordinated, intensive, comprehensive and multi-disciplinary treatment. Such a program shall provide treatment over a period of six or more continuous hours per day to Covered Person's who are not admitted as inpatients.

Usual and Customary Charges means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

CLAIM PROCEDURES

In the event of an Injury or Sickness the Covered Person should:

1. Notify the Claims Administrator within 30 days after the date of the Injury or commencement of the Sickness, or as soon thereafter as is reasonably possible.
2. Complete the claim form in full, sign it, and have the Attending Doctor Statement completed by the Doctor.
3. The completed claim form should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to Administrative Concepts, Inc. at the address below.
4. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills should be mailed promptly to the Claims Administrator at the address below. No additional claim forms are needed as long as the Covered Person's name and identification number are included on the bill.
5. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to, the Claims Administrator at the address below.

REMEMBER THAT EACH INJURY OR SICKNESS IS A SEPARATE CONDITION AND A SEPARATE CLAIM FORM IS REQUIRED FOR EACH CONDITION.

Program Administered and Arranged By: CMI Insurance

1447 York Road
Lutherville, MD 21093
Phone 410-583-2595, Fax 410-583-8244
www.cmi-insurance.com

Claims Administrator: Administrative Concepts, Inc.

997 Old Eagle School Road, Suite 215
Phone 610-293-9229, 888-293-9229, Fax 610-293-9299
Wayne, PA 19087-1706
www.visit-aci.com

Emergency Assistance: Worldwide Assistance Services Incorporated.

Toll Free from within the USA and Canada: 1-800-546-6349
Outside the USA or Canada call direct or collect: 202-659-7785

This Description of Coverage provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in GLM N0117308A issued to the Trustee of ACE USA Accident & Health Insurance Trust in the District of Columbia on behalf of Thomas Jefferson National Accelerator Facility. Please keep this information as a reference.